

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 14688Registered No. 788

1. PLACE OF BIRTH

County GilaState ArizonaDistrict or Township Lower Miami

or Village

City MiamiNo. 26Grover Canyon

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

de Luna

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

maleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

May 131930

5. No., in order of birth

yes

Month Day Year

8.

FATHER

Full name

Cipriano de Luna

14.

MOTHER

Full maiden name

Margherita Limon

9. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

15. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday

26

(Years)

16. Color or race

Mexican

17. Age at last birthday

17

(Years)

12. Birthplace (city or place)

(State or country)

New Mexico

18. Birthplace (city or place)

(State or country)

Globe
Arizona

13. Occupation

miner

Nature of Industry

Copper

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

1(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

0

(b) Born alive but now dead

0

(c) Stillborn

1

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 8:30 m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

J. F. Miller

(Physician or midwife.)

Given name added from
a supplemental report

Month, day, year

Registrar.

Address

Filed

May 30, 30

Registrar.

* Macerated fetus; death in utero

each in order of birth stated.